

**Water Resources Program**  
**Application for Change/Transfer**  
**of Water Right**

RECEIVED  
OCT 18 2011  
PURCHASING

RECEIVED  
NOV 02 2011  
WA State Department  
of Ecology (SWRO)

For filing with the Department of Ecology or with  
County Water Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION  
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☒ Change point(s) of diversion/withdrawal  
☒ Add point(s) of diversion/withdrawal  
☐ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: NEW SOURCE

**FOR OFFICIAL USE ONLY**

DATE APPLICATION RECEIVED 10-18-11  
CHECK NO. \_\_\_\_\_ FEE \$ ✓  
DATE ACCEPTED 10-18-11 BY SE  
CHANGE NO. 626WC7474  
COUNTY Walla WRIA 23  
SPECIAL AREA \_\_\_\_\_

SEPA: ☐ EXEMPT ☐ NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. 10382 PERMIT NO. 9592

CERT NO. 7474 CERT OF CHG NO. \_\_\_\_\_

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

**1. Applicant Information**

APPLICANT/BUSINESS NAME Washington State Parks & Recreation 1111 Israel Road SW	PHONE NO. 360-725-9778	FAX NO. 360-586-4272
CITY Olympia	STATE WA	ZIP CODE 98504
CONTACT (IF DIFFERENT FROM ABOVE) Lynn Nordloh	PHONE NO. 360-725-9778	FAX NO. 360-586-4272
ADDRESS Same as above		
CITY	STATE	ZIP CODE
LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Rainbow Falls State Park	PHONE NO. 360-291-3767	FAX NO. 360-291-3377
ADDRESS 4008 State Highway 6		
CITY Chehalis	STATE WA	ZIP CODE 98532

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER GWP # 9592	RECORDED NAME(S) Washington State Dept. of Natural Resources
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

*Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.*

## 3. Point(s) of Diversion/Withdrawal:

### A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
SO1		SE	NW	07	13N	04W		AFM940

### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
SO2		SE	SW	09	13N	04W		BAK715

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

*Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.*

## 4. Purpose of Use:

### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Domestic water supply for park use	30	4	Entire year

### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Domestic water supply for park use	20		Entire year



## 5. Place of Use:

### A. Existing

#### LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Within the boundaries of Rainbow Falls State Park developed areas

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

### B. Proposed

#### LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

Within the boundaries of Rainbow Falls State Park developed areas

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

*Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.*

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☒ ES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): Stream at 10 gallons per min. Inactive

## 6. Remarks and Other Relevant Information:

Existing water supply is on south side of Hwy 6. Main line was washed out in 2007 flood. A temporary line is hanging over the river and is unsupported due to washout of entrance bridge

Entrance bridge is not going to be rebuilt. A new park entrance will be constructed off of Loudinghouse road

New well source with pumping system will supply the park with reliable water year around.

Existing reservoir and well will be used for emergency fire response and will be physically disconnected from main park system.

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.



## 7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Lynn Nordloh Maintenance Manager

Applicant Printed Name – Title



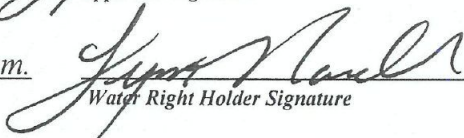
Applicant Signature

10/17/2011

(Date)

Washington State Parks and Rec. Comm.

Water Right Holder Printed Name



Water Right Holder Signature

  /  /  

(Date)

Same

Land Owner of Existing Place of Use Printed Name

Land Owner of Existing Place of Use Signature

  /  /  

(Date)

Same

Land Owner of Proposed Place of Use Printed Name

Land Owner of Proposed Place of Use Signature

  /  /  

(Date)

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input checked="" type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

### WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- |   |   |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED   | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE    |
| <input type="checkbox"/> OTHER/EXPLANATION: _____       |   |

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

**ATTACHMENT FOR**  
**Application for Change/Transfer of Water Right**

**Signatures:**

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

Lynn Nordloh

- ☒ Applicant Printed Name – Title  
☐ Water Right Holder Printed Name  
☐ Land Owner of Existing Place of Use Printed Name  
☐ Land Owner of Proposed Place of Use Printed Name

  
Applicant Signature

Water Right Holder Signature  
Land Owner of Existing Place of Use Signature  
Land Owner of Proposed Place of Use Signature

10 /17/2011  
(Date)

Washington State Parks and Rec Comm

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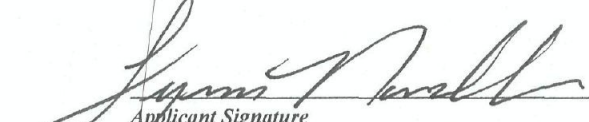
  
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10/17/2011  
(Date)

Rainbow Falls State Park

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Land Owner of Proposed Place of Use Signature

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10/ 17 /2011  
(Date)

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\_\_\_\_\_  
Applicant Signature  
Water Right Holder Signature  
Land Owner of Existing Place of Use Signature  
Land Owner of Proposed Place of Use Signature

/ /  
(Date)



**Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:**

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NO**Purpose(s) of Use - ☐ Existing ☐ Proposed:**

**Place of Use - ☐ Existing ☐ Proposed:**

ECY 040-1-97 (Rev. 10/11) *If you need this document in a format for the visually impaired, call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*